



TRANSMITTAL FORM

Attorney Docket No.
RPS920000112/1950PIn re the application: **James G. MCLEAN**Confirmation No: **3604**Serial No: **09/808,503**Group Art Unit: **2655**Filed: **March 14, 2001**Examiner: **Brant, Dmitry****RECEIVED****OCT 13 2004**For: **Method and System for Smart Cross-Fader for Digital Audio****Technology Center 2600**

ENCLOSURES (check all that apply)

| | | | | | |
|-------------------------------------|--|--|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amendment/Reply | <input type="checkbox"/> | Assignment and Recordation Cover Sheet | <input type="checkbox"/> | After Allowance Communication to Group |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> | Part B-Issue Fee Transmittal | <input type="checkbox"/> | Notice of Appeal |
| <input type="checkbox"/> | Information disclosure statement | <input type="checkbox"/> | Letter to Draftsman | <input type="checkbox"/> | Appeal Brief (in triplicate) |
| <input type="checkbox"/> | <input type="checkbox"/> Form 1449 | <input type="checkbox"/> | Drawings | <input type="checkbox"/> | Status Letter |
| <input type="checkbox"/> | <input type="checkbox"/> (X) Copies of References | <input type="checkbox"/> | Petition | <input checked="" type="checkbox"/> | Postcard |
| <input type="checkbox"/> | Extension of Time Request * | <input type="checkbox"/> | Fee Address Indication Form | <input type="checkbox"/> | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> | Express Abandonment | <input type="checkbox"/> | Terminal Disclaimer | | |
| <input type="checkbox"/> | Certified Copy of Priority Doc | <input type="checkbox"/> | Power of Attorney and Revocation of Prior Powers | | |
| <input type="checkbox"/> | Response to Incomplete Appln | <input type="checkbox"/> | Change of Correspondence Address | | |
| <input type="checkbox"/> | Response to Missing Parts | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Executed Declaration by Inventor(s) | | | | |

CLAIMS

| FOR | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE | FEE |
|--------------------|----------------------------------|---|--------------|------------|---------|
| Total Claims | 19 | 31 | 0 | \$18.00 | \$ 0.00 |
| Independent Claims | 8 | 8 | 0 | \$86.00 | \$ 0.00 |
| | | | | Total Fees | \$ 0.00 |

METHOD OF PAYMENT

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees. |
| <input type="checkbox"/> | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees. |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation). |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|---------------|--|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No. 30,801 |
| Signature | |
| Date | October 5, 2004 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **October 5, 2004**

| | |
|----------------------|--------------|
| Type or printed name | Jinny Nguyen |
| Signature | |

